



## Clinician Fact Sheet

# Detection of Cognitive Impairment

Your patients rely on you for accurate, up-to-date, preventive health information. This fact sheet for clinicians provides information about detection of symptomatic Cognitive Impairment:

- VHA does not recommend routine screening for cognitive impairment among asymptomatic individuals, regardless of age.<sup>1</sup>
  - Dementia is an acquired condition characterized by a decline in at least two cognitive domains (memory, attention, language, and visuospatial or executive function) that is severe enough to affect social or occupational functioning.
  - Mild cognitive impairment is not severe enough to interfere with instrumental activities of daily life.
  - Cognitive impairment includes both dementia and mild cognitive impairment.

*Screening means routinely and proactively administering a test or tool to all individuals, including asymptomatic patients, for the purpose of detecting cognitive impairment.*

- This recommendation applies to community-dwelling adults in the general primary care population.<sup>2</sup>
- Use of “Cognitive Impairment Warning Signs” is recommended to prompt provider evaluation of cognition. Cognitive Impairment Warning Signs are a set of “red flags” or signs/ symptoms that a clinician, a caregiver, or a patient may notice.

### ■ Why is detection of symptomatic cognitive impairment important?

Cognitive Impairment is common, with prevalence in the United States estimated as 18.8% in adults aged 65 years or older with no dementia and those with dementia at 8.6%.<sup>3</sup>

Potential benefits of more timely diagnosis may include:

- Access to treatments that may control symptoms.
- Interventions to reduce caregiver burden.
- Increased opportunity to engage interested patients in advance care planning.

### Use Cognitive Impairment Warning Signs

Using cognitive impairment warning signs mean that:

- Clinicians, Veterans and caregivers attend to “red flags” that signal a diagnostic evaluation is needed.
- Staff perform a diagnostic evaluation if any warning signs emerge in the course of providing clinical care.

## Cognitive Impairment Warning Signs that clinicians may notice<sup>4</sup>

### Is your patient...

- Inattentive to appearance or unkempt, inappropriately dressed for weather or disheveled?
- A “poor historian” or forgetful?

### Does your patient...

- Fail to keep appointments, or appear on the wrong day or the wrong time for an appointment?
- Have unexplained weight loss, “failure to thrive” or vague symptoms e.g., dizziness, weakness?
- Repeatedly and apparently unintentionally fail to follow directions e.g., not following through with medication changes?
- Defer to a caregiver or family member to answer questions?

## Cognitive Impairment Warning Signs that patients and caregivers may report<sup>5</sup>

- Asking the same questions over and over again.
- Becoming lost in familiar places.
- Not being able to follow directions.
- Getting very confused about time, people and places.
- Problems with self-care, nutrition, bathing or safety.

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## ■ Why use Cognitive Impairment Warning Signs?

- Supports patient-centered care and Veteran-to-provider communication.
- Provides an opportunity for clinicians to initiate a conversation with the patient and/or the family.

## ■ How are Cognitive Impairment Warning Signs used in clinical care?

The appropriate use of Cognitive Impairment Warning Signs will prompt a structured assessment of cognition and diagnostic evaluation for cognitive impairment within primary care.

## ■ Next steps if warning signs are present

- Focused history from patient and caregiver and review of systems emphasizing:
  - Onset and course of cognitive signs and symptoms;
  - History of head trauma, psychiatric disorders, history of atherosclerotic vascular disease and vascular risk factors;
  - Family and social history including drug and alcohol use;
  - Medication review;
  - Safety and functional status, driving and firearm use, history of falls;
  - Symptoms of delirium.
- Focused physical exam emphasizing the cardiovascular system; neurologic exam including mental status exam; and objective cognitive testing.
- Standard laboratory testing including thyroid stimulating hormone, complete blood count; electrolytes and calcium, hepatic-panel, blood urea nitrogen, creatinine, glucose, vitamin B12, and Human Immunodeficiency Virus testing with documented verbal consent.
- Advanced diagnostic testing, neuropsychological evaluation or brain imaging may be warranted when indicated by history and physical exam or for complex cases.

## Keep in mind:

- Warning signs, by themselves, are not diagnostic of cognitive impairment but simply suggest that further evaluation is warranted.
- Brief, structured cognitive assessments alone are not sufficient to diagnose cognitive impairment but are an important part of the diagnostic evaluation.
- Delirium and depression may present with similar symptoms as cognitive impairment and need to be considered before a diagnosis of cognitive impairment is made.
- Sensory impairment, adverse drug events, or concurrent psychiatric or metabolic illnesses may also be mistaken for cognitive impairment.

## VHA does not recommend screening asymptomatic older individuals

VHA's recommendation differs from the U.S. Preventive Services Task Force,<sup>2</sup> which concludes that the current evidence is insufficient to assess the benefits and harms of screening for cognitive impairment. The main reasons for VHA's conclusion include:

- Lack of evidence to support a benefit to identification of early cognitive impairment.
- There is adequate evidence of harms from drug therapy for cognitive impairment, including bradycardia, nausea, bladder outlet obstruction, and others.<sup>6</sup>

## FOR MORE INFORMATION:

- VHA Screening for Cognitive Impairment Guidance Statement: [http://vaww.prevention.va.gov/CPS/Screening\\_for\\_Cognitive\\_Impairment.asp](http://vaww.prevention.va.gov/CPS/Screening_for_Cognitive_Impairment.asp)
- Clinician Fact Sheet Detection of Cognitive Impairment: [http://www.prevention.va.gov/docs/NCP\\_CPS\\_Factsheet\\_Cognitive\\_Impairment.pdf](http://www.prevention.va.gov/docs/NCP_CPS_Factsheet_Cognitive_Impairment.pdf)
- USPSTF Cognitive Impairment in Older Adults: Screening: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cognitive-impairment-in-older-adults-screening?ds=1&s=dementia>
- The 2016 DSC Recommendations are available on the VHA Office of Geriatrics & Extended Care Internet web site [http://www.va.gov/GERIATRICS/GEC\\_Data\\_Reports.asp](http://www.va.gov/GERIATRICS/GEC_Data_Reports.asp).

## REFERENCES:

- <sup>1</sup>VHA Screening for Cognitive Impairment Guidance Statement: [http://vaww.prevention.va.gov/CPS/Screening\\_for\\_Cognitive\\_Impairment.asp](http://vaww.prevention.va.gov/CPS/Screening_for_Cognitive_Impairment.asp)
- <sup>2</sup>U.S. Preventive Health Services Task Force, March 2014. Cognitive Impairment in Older Adults - Screening: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cognitive-impairment-in-older-adults-screening?ds=1&s=dementia>
- <sup>3</sup>Langa KM, Larson EB, Crimmins EM, et al. A comparison of the prevalence of dementia in the United States in 2000-2012. JAMA Intern Med. doi: 10.1001/jamainternmed.2016.6807 Published online November 21, 2016.
- <sup>4</sup>National Chronic Care Consortium & Alzheimer's Association, 2003; Tools for Early Identification, Assessment, and Treatment for People with Alzheimer's Disease and Dementia, p.7; [https://www.alz.org/national/documents/brochure\\_toolsforidassessstreat.pdf](https://www.alz.org/national/documents/brochure_toolsforidassessstreat.pdf)
- <sup>5</sup>Adapted with permission from the National Institute on Aging: NIH Publication No. 10-5442, September 2010, <http://purl.fdlp.gov/GPO/gpo3714>
- <sup>6</sup>Lin, JS et al. Screening for cognitive impairment in adults: A systematic review for the U.S. Preventive Services Task Force. Ann. Int. Med. Nov 5 2013;159(9):601-612.